FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000085782 (6)

DUKE DEVELOPMENT COMPANY

Principal Place of Business

FILED May 27 1997 8:00am Secretary of State



28 WEST CENTRAL BLVD. #280 ORLANDO FL 32801		28 WEST CENTRAL BLVD. #280 ORLANDO FL 32801-2431					
					3. Date Incorporated or Qualified 10/17/1996	3a. Date of La	st Report
Principal Place of Business Address Amailing Address					4. FEI Number	-	Applied For
21		26			5/15/	97	Not Applicable
Suite, Apt. #. etc.		Suite, Apt. #, etc.	F		5. Certificate of Status Desired	esired S8.75 Additional Fee Required	
City & S 23	itate	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
7ip	Zip Country Zip		Country 30		8. This corporation has liability for Florida Statutes		
9. Name and Address of Current Registered Agent			30	10. Name and Address of New Registered Agent			
		Sallan Holling Sallan	81	Name	10, 110 4110.110.110.110.110.110.110.110.110.110	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	STES, THEODORE D ESQ	•					
28 WEST CENTRAL BLVD. #260 Orlando Fl 32801					dress (P.O. Box Number is Not Acceptal	ole) 	
	-		B3				
			84	City		FL 85	ip Code
11. Pursus	ant to the provisions of Sections 60	07.0502 and 607.1508, Florida Statu	tes, the abov	e-named cor	poration submits this statement for the p	ourpose of changing	g its registered
office (or registered agent, or both, in the I am familiar with, and accept the	e State of Florida. Such change was a obligations of Section 607.0505. F	authorized b lorida Statute	y the corpore s.	ation's board of directors. I hereby acce	pt the appointment	as registered
SIGNATUR				•			
SIGIVATUR	Signature, lyped or printed name of regist	ered agent and title if applicable. (NO	TE: Registered Ac	ent signature requ	ired when reinstating)	DATE	······································
12.	OFFICE	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
1-TLF	PSTD	☐ DELETE	1.1 TITLE			Chan	ge 🔲 Addition
MAME	KURDI, SAAD M		1.2 NAME	Ì			
STREET ADORES	ELI ADORESS 28 WEST CENTRAL BLVD. #260		1.3 STREET ADDRESS				
CITY-ST-ZIF	ORLANDO FL 32801		1.4 CiTY-	ST-ZIP			
TITLE		DELETE	2.1 TITLE			☐ Chan	ge Addition
NAME			2.2 NAME				
STREET ADDRE	SS		2.3 STREE	T ADDRESS			
CITY - S1 - ZIP			2 4 CITY	· · · · · · · · · · · · · · · · · · ·			
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NAME			3.2 NAME	}			
STREET ADORE	SS		3.3 STREE	T ADDRESS			
CITY ST-ZIP	İ		3.4. CITY	ST-ZIP			
THEE		☐ DELETE	4.1 TITLE			Chan	ge Addition
NAME			4, 2 NAMI	:		_	
STREET ADDRES	ss]		4.3 STREE	T ADORESS			
CITY-SI-ZIP			4.4 CITY-		•		
TIFLE		DELETE	5.1 TITLE		······································	Char	ge Addition
NAME			5.2 NAME			•	
STREET ADORE	SS			T ADDRESS			
SHTY-51-ZIP	VAV		5.4 CITY+				
TITLE		☐ DELETE	61 TITLE	W7 B-11		Chan	ge 🔲 Addition
NAME			6.2 NAME	1		_	
STREET ADDRE	çe			T ADDRESS			
	3.3						
CITY ST-ZIP	F .		6.4 CITY -	SI•ZP I			

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Byock 12 or Tronged, or on an attachment with an address.

SIGNATURE: